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CHILD WELFARE

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CHILD WELFARE

JOURNAL OF THE CHILD WELFARE LEAGUE OF AMERICA, Inc.

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EARLY PLACEMENT IN ADOPTION*†

Mary Elizabeth Fairweather

Supervisor of Adoptions

Children's Services of Cleveland, Ohio

In line with some changing concepts in the field of adoption, Miss Fairweather explains why her agency believes in early placement, and presents concrete material, based on experience.

ADOPTIVE placement of an infant three months of age or younger is generally considered to be "early placement." The question of its validity must be evaluated by agencies in terms of their experience. Our experience at Children's Services has increasingly been strongly positive.

Underlying any sound adoptive practice must be the conviction that for some children, for some natural parents and for some people to whom nature has denied children, adoption is the best answer for their future welfare and happiness. This assumes sound social diagnosis growing out of careful awareness of the individuals involved. Where, as frequently happens, the intricacy of such extensive knowledge involves the skills and efforts of several workers, mutual confidence and respect are vital factors without which no worker can practice with comfort or integrity.

The adoption program at Children's Services, as in other agencies, is in design a three-starred constellation, formed by the child, his natural parents and his adoptive parents, encircled by a community.

The healthy growth of children is vital to our civilization. Their more obvious physical needs have long been recognized; their emotional needs are of equal importance. Fundamental to these are parental ties. Upon his relationship with his parents, the child builds not only his emotional security but his lifetime patterns. Interference with his parental ties during the period of growth, unless skillfully handled, can have disastrous results. It inevitably follows that when a child is deprived of his natural parents, substitute parental ties established at the earliest possible moment are of the utmost importance. Children put down roots fast and deep. Transplanting these roots is a delicate operation. If they are disturbed too late, or at the wrong time, or repeatedly, they may wither and die.

A request for placement is of itself indicative of serious physical, social or emotional disaster. It is the agency's responsibility to understand the underlying

as well as the precipitating causes, and whether these are chronic or temporary. Are there strengths within the parents and resources within the community that can be marshalled to establish or sustain this relationship on a normal basis? Only when the most careful diagnostic study indicates that this is not possible and will not become so should separation be considered. It is with such cases that we are here concerned. Although such situations do occur with married parents, statistics prove that the majority of children released early for adoption are those of unmarried parents. Ironically, the astigmatism of society too frequently focuses largely upon the mother. Professional articles on this subject have been mounting, particularly in the last decade. From them has emerged the recognition that as a group unmarried mothers have suffered serious injuries, deprivations and confusions in their own maturation and life relationships. In addition to her inner difficulties, the unmarried mother must cope with the mores of our culture which penalize her child as well as herself. To struggle against social stigma requires unusual strengths. It is important, however, to emphasize the dangers of generalities. The unmarried mother is an individual and cannot be tossed automatically into a category; only as an individual can her strengths and weaknesses be evaluated, can she be understood and helped.

When Can Decision on Surrender Be Reached?

Permanent surrender is of lifelong importance to parent and child. Can such a decision be made with security before that child is three months old? Our experience convinces us that some parents can and do reach such decisions long before that time. When a parent's own needs absorb all his energies, or when a child represents something so unacceptable to the parent that no feeling of relationship can develop, or when a child presents an impossible impediment to the attainment of more desired goals, the relinquishment of that child can offer a relief outweighing any conflicting feelings. We recognize many factors influencing the point at which a wise decision can be reached. The length of time an agency can work with a parent and his accessibility to casework treatment

* Presented at the League's program, National Conference of Social Work, Atlantic City, May, 1951.

† Portions of this article appeared in *The Child*, November, 1951.

prior to the birth of the child are important; so is the consistency with which the request for adoption is maintained. Agencies differ in their convictions about the importance of parents' seeing and caring for their child following birth and before surrender is taken. We believe that here, as in any casework situation, the client must make his own decision, helped by a flexible policy based on knowledge of his individual motives and needs. We do not, therefore, require that following birth a parent either see or refrain from seeing the child. When the decision to relinquish a child has been made prior to birth, we are aware of the frequency with which conflict and ambivalence follow immediately after birth. We recognize this as one of the most important times for casework help in realistically weighing the issues and clarifying decisions. If a parent needs a period of separation from the child before reaching a decision, this is provided. We are aware also of the dangers of prolonged indecision which, when reality militates against a continuing parent-child relationship, can lead to unresolved conflicts for the parent and disaster for the child. We are fortunate, as a private agency, in having a workable agreement with our public child caring agency whereby it will accept a child for whom we hold permanent custody, if that child proves to be unadoptable. Following the birth of a child, therefore, permanent surrenders can be accepted whenever dictated by the best interests of the parent.

And third, what of adoptive parents? Fortunately for the child who needs parents, there is no dearth of parents who want him! The work of adoption agencies is predicated upon the conviction that among their applicants are to be found people richly endowed with the qualifications for good parenthood.

As do other adoptive agencies, we seek parents who are physically and emotionally healthy, uncrippled by their own experiences in life and competent to meet the normal hazards of the future. If we have been accurate in our evaluations, they are people whose marriage is on a firm foundation; who have been able to face and handle the disappointment and frustration of their own childlessness without undue bitterness or recrimination; who can turn to adoption with comfort and happiness and who are united in their desire to adopt; who want children more for the joy of giving than for the pleasure of receiving; who are competent not only to provide normal physical needs, but to nourish, stimulate and derive satisfaction from the emotional and spiritual growth of their child toward a secure and independent adulthood. This is a large order, but we do not knowingly settle for less.

These are important qualifications for the parents of any child, whatever his age. There are other quali-

fications for specific children. Physical characteristics, expectations, available opportunities, age, religious faith, are all considerations. We believe in the importance of physical similarity. It has been our experience that to the majority of adoptive applicants this is more important than matching of nationality backgrounds. We consider age, but we believe this is not to be reckoned alone by chronological years; health, energy, attitudes, flexibility must also be weighed. We do not, therefore, set a rigid age limit for parents. We require medical information on the cause of sterility when this has been established, but we do not refuse applicants if reasonable effort has failed to establish the cause. We believe, when parents are emotionally and financially able to provide for more than one child, several children enrich the lives of the family group. We believe that successful natural parenthood does not preclude the ability to be good adoptive parents; therefore, we do not refuse to consider placement where there is already a child.

Infants Preferred by Applicants

There has been no problem in finding adoptive parents who want a child in early infancy. Initial requests are overwhelmingly for a child "as young as possible." From our experience, we feel that reluctance by any prospective adoptive mother to consider an infant raises a question for careful study. When, in 1946, we began to talk to our adoptive applicants about our interest in making early placements, our agency had no access to infant testing under the age of four to six months. Some of our applicants reacted with surprise because they had understood our policy was to wait until a child was at least six months old in order to secure psychological tests. Even among these applicants most were relieved and enthusiastic at the prospect of securing an infant at an earlier age. We recognized that we had been attempting to provide a protection which the majority of our applicants did not want nor need.

Before describing our experience with early placement, it may be helpful to outline the framework within which all of our adoptions are carried out. Our agency is a multiple service one with specialized services for temporary foster care, unmarried parents and adoptive placements, usually involving separate workers for the parents, the child and the adoptive parents. Information is pooled through record reading and conferences. Placements are planned through staff meetings and carried out on a cooperative basis between the child's worker and the worker who has studied the adoptive home. In most cases the latter holds the preliminary conferences with the prospec-

tive adoptive parents and takes over the supervision of the child following placement. This is adjusted in individual cases. When we consider a child for adoption, we weigh the background information we have been able to secure about his natural parents, including family health history and achievement in relation to opportunities. We secure psychological examinations and school reports of parents whenever possible and also of siblings and half-siblings. We learn as much as we can about prenatal history, birth history and the personality and development of the infant, prior to and during boarding home placement. We have pediatric care for the child, including laboratory tests, as a part of a thorough medical evaluation. Our psychologist's observation begins when an infant is three weeks of age; testing, at four weeks.

Prior to placement, our infants are in individual or small group boarding homes. Many of our boarding parents have had experience in preparing children for adoptive placement, accept this as a challenge and cooperate with the workers in preparing the child to leave. There is little need to remind ourselves that where real love exists the pain of separation can be great in spite of the most careful preparation. Boarding parents have constantly to remind themselves that the child does not belong to them and often must protect themselves by withholding some of the affection they might otherwise give. These are not the least important considerations in planning the earliest possible adoptive placement.

Is Testing Much More Accurate at Six Months?

The above factors are evaluated for every child for whom adoption is planned. Infant placements differ, primarily, in the amount of medical and psychological information that can be secured in advance of placement. For an infant whose age makes it impractical to take a Wasserman or a tuberculin test and for whom there is no negative history, these tests are not made until after placement in the adoptive home. Our medical consultants recognize that some physical problems cannot always be detected under three months of age; but neither are all adverse conditions apparent at six months. There is a fallacy in delaying adoption until six months on the premise that the physical examination at this age is much more accurate. When parents are clear in wanting adoption for their child and when background information, medical examination and observation substantiate this, we do not delay placement in an appropriate adoptive home even though the infant is not old enough to be tested by the psychologist.

Prior to 1946 we had limited experience with early placement, but this was sufficient to highlight the

advantages. Since then we have made as many of these placements as met our criteria. Between 1946 and the end of 1950 we placed a total of 495 children, 71 of whom were three months of age or younger. A casework evaluation of these early placements indicates a successful experience. In one instance only was it deemed advisable to remove the child from his adoptive home. This was because of his failure to develop normal mentality. He had been placed in 1949, without tests, at a little over three weeks of age. Preliminary tests given to the natural parents at the agency prior to his birth rated the father as superior and the mother as average. Our background knowledge was detailed and positive. The adoptive family have an older child placed in 1946 in early infancy, without tests. This little girl has shown consistently superior intellectual development. Blinded by their love for the infant son, the family found it hard to recognize his retardation, but with casework help, they were able to evaluate the future problems for all concerned and to relinquish him. Shaken though they were, the parents expressed heightened realization of the protection agencies offer. Their desire to have another child placed through the agency has not diminished, nor has their readiness to take one in early infancy. Such an experience is difficult for all concerned and not to be minimized. Viewed realistically, however, this represents a ratio of one removal to 71 placements; while, in the group placed at over three months of age, the ratio in the same five-year period was one to 53.

Follow-up Study of Our Early Placements

Spurred by this high degree of success and wishing to evaluate it on a more objective basis than our individual enthusiasm, we have made a study of early placements. Since our experience has been so generally uniform, we believed a scrutiny of the group placed in any one year would be valid. We chose 1947 because of the comparatively large number (21) of such placements and the opportunity to re-evaluate them three to four years later. We wrote the adoptive parents explaining our purpose and asking their cooperation. The response was unanimously enthusiastic. Two families were unable to come in because of distance and one because of illness. Thus, 18 children were examined by our psychologist and their mothers interviewed by our caseworkers. We have tabulated the information secured. In addition, the case records of the 21 natural and adoptive families were reviewed; I have tabulated and summarized the pertinent information.

Natural Parents

Length of Agency Contacts with Mothers

Of the 21 natural mothers, only 2 had 1 month or less of service from the agency prior to the birth of their babies; the majority had from 2 to 4 months; 7 had from 4 to 8 months. Following birth, 7 were known by the agency for less than 1 month; 8, less than 3 months; 4, less than 5; and 1, over 8 months.

Background Information for Adoptive Planning

In all 21 cases, information was secured on both the maternal and paternal sides, extending in 16 cases to grandparents and in 5 cases to great-grandparents. The 2 legitimate fathers and 16 of the alleged fathers were interviewed and cooperated in giving background information. Paternity was acknowledged in 16 cases, one of which was through court action. Physical characteristics of both parents were described in all cases.

Health histories of parents were reported negative in all cases on both sides.

An estimate of parental intelligence was secured by psychological tests given at the agency to 18 mothers and 5 fathers. School reports were secured for 4 mothers and 14 fathers. In the cases of 2 fathers, estimations were based on achievement and observation. The majority of parents fell in the high average to superior group (7 mothers were rated as average, 7 as high average and 7 as superior; one father was rated as low average, 8 as average, 3 as high average and 9 as superior).

Birth and Early History of Child

Prenatal histories were negative in all cases. Birth histories were normal in 20 cases. The other birth was by low forceps resulting in a cut on the baby's scalp, which healed without incidence. All of these babies made good initial progress and were medically approved and placed for adoption before they were 3 months old.

Factors Connected with Surrender

All of these mothers and the 2 legitimate fathers expressed desire for adoption from their initial contact with the agency. 10 mothers showed no conflict over this plan during their entire contact with the agency, while the other 11 showed only slight ambivalence and this occurred immediately following birth. 18 saw their babies; only 5 gave them any care and this was minimal. 2 surrendered their babies for adoption in less than 3 weeks following birth; 3, in less than 1 month; 8, in less than 2 months; and 8, in less than 3 months. For 18 the surrender appeared to have constructive meaning; in 3 cases no effect upon the mother's life was noted.

Comments

The agency based its plan for early adoption of the children of this group of parents on the following reasons:

1. The parents' initial request was for adoption and this request remained consistent through the time of surrender.
2. The background history was known and sound on both sides. Information concerning prenatal, birth and family health histories was essentially negative.
3. All the babies had had thorough medical examinations and were medically approved for adoption.
4. Observation of these infants indicated they were normally alert. (In 1947 psychological tests were not being given to infants

of this age. Observations as to alertness were made by our pediatrician, who had had long experience, by nurses, workers and boarding mothers.)

5. Adoptive homes which seemed appropriate for these infants were available.

Of this group, 5 were placed in their adoptive homes before they were a month old; 1, under 6 weeks of age; 8, under 2 months; and 9, under 3 months.

Adoptive Parents

At time of placement the 21 mothers in this group were between 23 and 40 years of age. The fathers were between 27 and 43 years of age. The majority of adoptive parents were in their 30's. All the husbands were older than their wives, with the greatest age difference being 9 years.

Marriages varied from $4\frac{1}{2}$ to 18 years in duration. 14 couples had been married less than 10 years and 7, more than 10.

For 17 couples this was a first adopted child; for 4, it was the second.

15 had had sterility medically established. In 11 cases the woman was sterile; and in 3, the man; in 1 case the RH factor operated. None of the couples had children born to them except one, married 9 years, who had a child born to them 19 months following the placement of their adoptive child.

Incomes varied from \$2100-\$12,000 annually. The majority of families fell into the \$5000-\$8000 income group, 6 had incomes lower than this and 4 had higher ones. The lowest income was that of a graduate student who was preparing for a profession.

The majority of fathers were in the professional or industrial group. Of the 8 in the professional group, 6 were engineers, 1, a doctor and 1, a lawyer; 6 were engaged in industry or selling; 4 were in skilled trades. There was 1 business manager, 1 contractor and 1 graduate student.

9 couples owned their homes and 12 rented. However, 9 of the latter bought homes following the placement of a child.

Comments

The majority of adoptive mothers were older than the natural mothers, which we have found to be typical in adoption. The length of marriages, the incomes, occupations and home ownership are all indicative of stability.

Information Secured 3-4 Years After Placement

All of the 21 children placed in 1947 were considered to have made good adjustments and adoptions were completed approximately a year after the placement. The 18 children who returned with their mothers in 1951 were seen by caseworkers, and in every case the adjustment appeared to continue to be a good one. The following information secured from the mothers at this time is pertinent:

The majority of these children had been weaned between the ages of 8 months and 18 months. None had been weaned earlier than 8 months and 1 had not been weaned until he was almost 2. 15 mothers reported no feeding problems and the remaining 3 reported minor ones.

The majority of these mothers had begun toilet training between 1 and 2 years. Although 2 had started at the age of 6 months, for the majority, toilet training had been completed between 2 and 3 years; 4, between a year and 18 months; and 1 had not been completed until 3½. 15 mothers reported no subsequent problems. Of the 3 who reported problems of any kind, 2 were the ones who had begun training at 6 months; in 1 of these cases the regression at the age of 3 appeared to be related to the placement of a sibling.

17 of these children had been followed regularly by the family doctor. Health generally was reported good, 12 reported no health problems; 4 reported some health problem; and, in addition, 4 reported operations, at least 2 of which were tonsillectomies.

14 of these children had siblings; 2 had 2 siblings and 12 had 1. 6 had older siblings and 10 had younger ones, one being a middle child of 3. In all cases except 1 the siblings were also adopted children. 5 mothers reported no problems in adjustment to siblings; 3 reported some problems existing; and 3 others reported problems in the first adjustment to the siblings. In 3 cases information was not secured about this.

None of the mothers reported serious or unusual problems in behavior, discipline or training, nor gave evidence of being unduly upset by them. From their discussion, they appeared to be handling them intelligently.

16 children were aware they had been adopted and appeared to be comfortable about it. 2 mothers reported their children had not been told of their adoption and desired help in planning this.

15 children resembled someone in their adoptive families and the mothers reported this resemblance recognized by themselves and others.

13 mothers reported their adoptive children had been given names of someone in the family or with particular family significance.

17 reported the attitudes of relatives and the community had been consistently good; one reported one incident of poor attitude on the part of an adoptive aunt who appeared to be motivated by jealousy over the adoptive grandparents' affection for the child.

Comments

In general the development and adjustment of these children appeared to be good. The fears reported seem normal for this age group. The problems in behavior were not unusual and were being handled intelligently. There is gratifying evidence of identification and acceptance in the reports on resemblance, attitudes and choice of names.

All of the parents in this group expressed enthusiastic appreciation over the experience of having had their child from early infancy, and several expressed sympathy for adoptive parents who could not have this experience. The mothers who had had the experience of another adoptive child, placed at a later age, emphasized the greater ease of adjustment of the earlier placement.

Psychological Testing of this Group of Children

On this subject I should like to quote our agency psychologist, Mrs. Robert Berne:

"In general, from clinical observation, their adjustment appeared to be most positive.

"These children had all been tested earlier, at the time of completion of adoption. At that time they ranged in age from 8 months to 24.7 months. In all cases, the Cattell Infant Intelligence Scale was the test used. At this earlier testing, one child was classified low average, 5 were middle average, 6 were high average and 6 were superior or better in intelligence.

"It is of interest that the equivalent high points of the curve on the first test were at high average and superior; whereas, on present testing, the high point was at superior or better intelligence.

"During the present (1951) testing, the age range of the children tested was between 3 years and 5 months and 4 years and 3 months. The Revised Stanford Binet Intelligence Scale—Form L was administered to all 18 children. Results indicated that one child was of low average intelligence, 2 were of middle average intelligence, 3 were classified high average and 12 were superior or higher in intelligence.

"Of the group, 3 children had remained the same in classification, 12 had gone up on the scale and 3 had been classified as of lower intelligence on the present test than on the earlier test. The one child who had been classified as low average on the first test had now become superior; whereas, the child classified as low average on the second test had been testing middle average when examined earlier.

"In general, these children were intelligent, well-adjusted youngsters, who took well to the testing situation and cooperated fully. I have never worked with a group of youngsters with whom I was so well impressed. The great majority stayed alone with the psychologist and did not ask for their mothers, although this was their initial meeting with the examiner."

Evaluation of Intellectual Potentialities

For purposes of comparison, three major categories, below middle average, average and above average were used. The children were evaluated by the results of their psychological tests. The natural parents were evaluated on the basis of test results secured or of achievement. The adoptive families were evaluated on the basis of education and achievement.

It is interesting to note that on the basis of the earlier test made at the time of the adoption completion, the children compared somewhat differently with their adoptive families. Then 7 children were in different categories than their adoptive families; 6 were testing average who were in above average families and 1 was testing below middle average who was in an average family.

On the basis of their latest test, 8 children were rated high averages whose natural parents were average. Compared with their adoptive families, 15 children were rated above average and were in families who were above average; 1 child tested below middle average who was in a family slightly above average; 1 child tested average who was in a family above average and 1 child was above average in an average family.

While these are large categories and the results of one test can never be considered entirely accurate, nevertheless there appears to be some indication the children in this group are more nearly approaching the categories of their adoptive families.

Comparison of Early and Later Placement

Based on our casework knowledge we have made a comparative evaluation of our experiences in early placement with that of later placement, particularly of children between the ages of 6 months and 2 years. Generally speaking, we have found the adjustments in the latter group to have been slower and more

difficult than in the younger group. This has been true for both the child and the adoptive parents. By 6 months most children are distinguishing individuals and, in re-placement, will project some of their past feelings onto their new environment. This can be confusing alike to child and new parents. Periods of weaning, teething, toilet training and formation of identification are stressful periods for any child. When these are further complicated by changes in relationships and differences in handling, they are marked by additional strain and frequently by regression. For the parents this adds to the inevitable strain of adjusting to new parenthood and the two react upon each other in an endless circle. For the adoptive mother, the energy and physical strength required to cope with the weight and the activity of a child past 6 months of age is noticeably greater. Mothers whose muscles have been more gradually developed by the care of a child placed in early infancy do not have the same degree of fatigue to complicate their situation.

The less fully developed features and personality of the young infant present fewer problems for rapid identification by parents. The complete dependency of the young baby is an important factor in quickly arousing parental responses in both adoptive parents; particularly for the mother, the early feeding of her child has deep meaning. The feelings of belonging and possession develop faster for both child and parent when early placement is possible.

Space permits mention of only a few of the community aspects to be considered. There are and will continue to be emotionally and mentally crippled parents who cannot accept or fulfill the responsibilities of their physical maturity. There will continue to be the inadequate or unwilling parent and the unprotected child. For such parents adoption can answer as vital a need as it can for their children.

Can We Guarantee Positive Results?

In community interpretation, adoption agencies have implanted and fostered fears. In our efforts to protect adoptions and offset the dangers of the black market, we have been prone to stress the ability of agencies to place children with no physical problems and with good intellectual potentialities. Can we really guarantee this? Certainly, with the resources of medicine and psychology at our command, we have obligation to make the optimum use of them. When physical or mental abnormalities can be detected, we must be aware of them and interpret them to adoptive parents for purposes of their constructive use. But have we disproportionately emphasized the importance of physical and psychological examinations

to both ourselves and our communities? To give complete assurance of normal development, we should have to place adults, not children. It is our conviction that adoptive applicants possessing the needed qualifications for parenthood are mature enough to accept the normal risks of life. Having children by birth as well as by adoption inevitably involves risks. Those who are reluctant to assume these are usually poor risks for our children. Abnormalities can develop in any period of growth. In our fear of assuming our own responsibility, have we leaned too heavily upon our medical and psychological consultants? We must also give equal weight to the contributions of psychiatry. Adoption workers have ample evidence of the influence of environment and emotions on physical and mental development, but do we consider this sufficiently in our evaluations and predictions?

We have more valid reasons for heralding the advantages of agency placements and is it not time for us to place greater emphasis upon these reasons? Appropriate placement, protection of identification, help in the period of adjustment, are all offered by any good agency. Beyond any protection the law can give, casework services to the natural parents offer protection by preliminary work with these parents. The parent who has not had to make a hasty decision under the pressures of impulse or situation is far less apt to attempt to locate his child once he has relinquished him. These are protections which dealers on the black market cannot offer and which agencies can validly claim and should be stressing.

When agencies have had more time to scrutinize and pool the results of longer experience, it is safe to predict there will be more early placements made. The interests of the child, his natural parents, his adoptive parents and the community, will be better served. Early placement in adoption will play its own and important role in building family welfare for our democracy.

Reprints Available

Reprints of the article, "We Have Established a Fee Policy", by Florence F. Brown, Secretary, Board of Directors, Family and Children's Service, St. Louis, Mo., which appeared in the January issue of *CHILD WELFARE*, are available from the League office at \$.05 each.

New Mimeographed Case Record Available

Another mimeographed record is available to agencies and schools of social work for teaching purposes, No. 208, "Helping a Latvian child and foster parents toward a satisfactory foster home adjustment". This may be ordered from the League for \$.50; a discount of 15 per cent will be allowed for orders of 10 or more.

ADC DEMANDS OUR STUDY*

Val M. Keating

Regional Representative
Bureau of Public Assistance
Dallas, Texas

In this provocative article, Mrs. Keating calls for a positive approach in our thinking about ADC. She suggests that by directing concern to the child and his needs, current public attitudes toward the program could be modified.

THE Aid to Dependent Children program was created, in the words of its legislative base, "to enable each State to furnish financial assistance . . . to needy dependent children" who have "been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent" and who are living with parents or close relatives "in their own home." Thus it is clear that its purpose is to preserve family life for those needy children whose parents cannot, because of death, illness or broken relationship, support them and maintain a home unassisted. Such an objective underscores the fundamental conviction that the family home is the most suitable place for a child, that the most appropriate persons to care for him are his parents or other close relatives, and that the public will underwrite support of a child in order to keep him in his home if his parents, for specified reasons, are unable to do so. Implicit in such an objective is the belief that a child's family should be assisted when necessary to move from dependence to independence; from sickness to health; and from weakened relationships to strengthened ones, in order that its children may have an opportunity to become full-fledged, responsible citizens.

Even the most insensitive would have to strain to develop criticisms of the purpose of a program with such aims, yet there is a growing attack on its effectiveness in individual instances and mounting accusations to the effect that it encourages malingering and is responsible for breaking up families, and for an increase in illegal marital relationships. It is high time, therefore, that the facts about the program be more freely discussed and evaluated by objective persons who are willing to credit the program for that which it does well, and to help it become more effective in those areas in which it is not as imaginative and strong as it must become in order fully to attain its purpose. It must be kept in mind that although the creation of the Aid to Dependent Children program preceded the war, it had to bear a part of the load created by war conditions and the defense pro-

gram. Hasty marriages, fathers separated from their families for a long period, and poor housing facilities contributed to increased problems. The ADC program is expected to help in meeting these problems.

What Are the Facts About ADC?

In order to evaluate the program facts must be secured. For example, does the public know, within the ADC case load in each community, in each state, and in the nation, the answer to the following questions:

What is the age and sex of the children being aided? Are they doing work injurious to their development? Are they in school? Are they well? Do they participate in church and community activities? If not, what are the schools, the medical programs, the churches, the clubs and the courts doing about it?

In what percentage of the cases is the father dead, permanently incapacitated, seriously though temporarily ill? Are there community facilities available which can help the father to get well or offer retraining for work he can learn to do despite his handicap?

In how many cases is the mother working outside of her home but not earning enough to support her children? What are her wages and how many hours a day must she work away from her home to receive them? What provision can she make for the care of preschool children and for young school children after school hours? How many are trying to keep the children in school and to assure them a better education than their parents received? In how many instances has the court issued and enforced a support order on a divorced or separated father?

What is the average assistance payment? What does it include for each child? What will it purchase at today's prices? What kind of shelter does it provide? How much remains after paying for shelter to spend for food, medical care, clothing, and utilities? In October 1951, the average monthly ADC payment per recipient throughout the nation was about \$22. Although the total expenditure for the program throughout the country amounted to \$556,420,000 in

(Continued on page 14)

* Adapted from a speech, "Citizenship Values in our Aid to Dependent Children Program," presented at the Louisiana Conference of Social Welfare, New Orleans, La., May 24, 1950.

EDITORIAL COMMENTS

The Challenge We Face*

THIS year the Child Welfare League of America celebrates its thirty-second anniversary. Because birthdays always seem to call for reflection, we thumbed back through the years to see how child welfare programs have been changing. The difference is remarkable. We also tried to peer into the future to see what challenges it might bring. We didn't have to look far. We already are face to face with three main challenges that will tax our skill, our ingenuity and our resources for a long time to come.

The children who come to the attention of social agencies today are very rarely orphans. I have been told that of 5,818 children under care of the six private agencies in Chicago, only 175 were orphans. And this proportion tallies pretty much with the rest of the country.

But—more than 6,000,000 children in the country today come from homes broken by death, divorce or desertion.

About 4,500,000 mothers of families work outside their own homes.

About 3,000,000 families still live in makeshift housing.

About 100,000 children each year are born out of wedlock.

These are the factors that cause the problems for children today: emotional upset, mental maladjustment, the feeling of rejection and of being unloved. And their problems have become our problem, because we must find not only the professional methods to cope with their needs, and the financial resources to carry on this work, but we must also help the community at large to understand this very major and very complex change in the entire function of many private social agencies.

From programs which for generations have been largely custodial—providing food and clothing and shelter for children—we must now retool our programs to provide treatment as well, and in most instances this is a long-term and a costly proposition.

Our first challenge, as I see it, is this challenge to our professional skill and ingenuity.

The second major challenge is the injection into our work of a political note. Largely, this grew out of the vast number of new social laws, which have already had a marked effect on the pattern of child welfare work.

The practice of arbitrarily removing children from parents because of poverty and dirt has slowly given

way to the concept that the proper place for any child is with his own parents, and that the preservation and strengthening of family life is basic to the public interest. Here and there we see some residual lags which reflect archaic methods of child care, such as the temporary sheltering of children—an estimated 60,000 yearly—in jails throughout the country. But over the past decade and a half has grown an acceptance of the rights of citizens to assistance and security when in need.

This past year, however, has seen a sharp increase in the attacks on those principles. One example of this trend back to the philosophy of the county almshouse was the enactment of legislation providing for publication of relief rolls and the stigmatizing of families and children receiving help. Another is the effort to whittle down public appropriations for social projects. A third is an effort to drive a wedge between the public and the private social welfare agencies. Every effort to divide agencies, to weaken basic principles we know to be sound, and to curtail already insufficient grants must be met if we are to live up to our responsibilities.

Contrary to the concept of child welfare of 32 years ago, we must recognize that child welfare services given in any community must depend in large measure on the adequacy and nature of services provided by other agencies, such as those administering public assistance programs, family counseling services, juvenile courts, and medical programs. Without soundly administered, staffed and financed programs for general assistance and aid to dependent children, the specialized children's services may be overwhelmed by the care of children whose families should never have been disrupted in the first place.

It has been all too easy for both voluntary and public agencies to see as their specific role the more dramatic and more easily interpreted direct care programs, leaving community planning and the interrelationships of all programs to those who have little knowledge of child care, and less appreciation of the essential parts of the job involved.

The fact remains that community planning for children means community *agency* planning, together with all those others who have an interest in the care and protection of children.

There has also been growing agreement on the principle that the child who needs care which cannot be provided from within the family requires it on an individual basis. Of itself, there seems to be nothing particularly startling about this remark. Yet if it were translated into actual practice, there would be a marked acceleration of change among those agencies and institutions which continue to operate mass programs of care.

* Excerpted from speeches recently delivered by Mr. Field.

There is today a growing conviction that the community as represented by government has a responsibility and a stake in the welfare of children, and that it must assist counties, voluntary agencies and municipalities to meet standards of care.

The Child Welfare League has made a careful study of this complicated and controversial question. It believes, firmly, that both voluntary and governmental child welfare programs are essential to our society. It also believes that both public and private programs for children should be of first quality, and that in many instances it is proper for the public child welfare agency to purchase from the private agency care for children under its responsibility, at rates commensurate with the nature and the quality of the services rendered. Surely the needs and best interests of the child itself are the controlling factors in how this question should be resolved.

This discussion leads into the third major challenge we face today—the financial challenge. The services we must perform today require more than mere custody and that means more money. The costs of providing long-term treatment keep mounting higher and higher, accelerated by inflation.

While costs have been increasing, community support has not kept pace with the increase in national wealth or the urgent demands being made upon child care agencies. Between 1938 and 1951, the cost of foster family care increased approximately 100 per cent. Costs of institutional care have also doubled in the past few years. It now costs as much to care for an emotionally disturbed child for a year as it does to send a youngster to a good preparatory school. Against this, the thing to keep in mind is of course the social cost of supporting a maladjusted youngster in the courts, in reformatories, and in prisons.

The question we must ask the public is: Are we willing to evade the treatment cost now and pay the bill for neglect later, usually for the individual's life span, or shall we pay it now, with good hope of cure, and have a useful, productive citizen in later years?

It has been said, and rightly, that the average citizen, if he knew the facts in regard to conditions under which many children live, would not tolerate them for a moment.

And yet, as F. Emerson Andrews points out in his book, *Philanthropic Giving*, voluntary contributions for all health and welfare purposes, including religious, educational, libraries and museums, represent approximately two per cent of gross personal income in the United States—a sum, incidentally, equal to the amount we spend for tobacco here in one year.

I heard Dr. Gregg of the Rockefeller Foundation say that the true function of private philanthropy is

to demonstrate not only what can be done, but to make the public aware of what cannot be left undone.

We so badly need a better public understanding. When uninformed attacks on aid to dependent children, or any other program, are made, as they are being made, it isn't enough to counter with some overall facts and figures. Interpretation of child care services must be a continuing process. The public to which we look for support must at all times be kept in our confidence and made aware of our problems.

MARSHALL FIELD
President

CONFERENCES

The Southern Regional Conference will be held March 13, 14, 15, 1952, in Raleigh, N. C. Headquarters will be the Sir Walter Hotel. Dr. Ellen Winston, Commissioner, Division of Child Welfare, State Board of Welfare, Raleigh, is chairman.

The Central Regional Conference will be held March 31 and April 1, 2, 1952, in Detroit, Mich. Headquarters will be the Statler Hotel. Mr. Fred R. Johnson, General Secretary, The Michigan Children's Aid Society, Detroit, is chairman.

The Southwest Regional Conference will be held April 27, 28, 29, 1952, in Austin, Texas. Headquarters will be the Hotel Driskill. Miss Rosalind Giles, Director, Division of Child Care, State Department of Public Welfare, Austin, is chairman.

The South Pacific Regional Conference will be held in Long Beach, California, May 1, 2, 3, 1952. Headquarters will be the Hotel Hilton. Mr. Clyde S. Pritchard, Executive Secretary, Children's Bureau of Los Angeles, is chairman.

The New England Regional Conference will be held June 9, 10, 1952, in Poland Springs, Maine. Miss Helen M. Wheeler, Director, South End Day Nursery, Boston, Mass., is chairman.

The Midwest Regional Conference will be held September 25, 26, 27, 1952, in Des Moines, Iowa. Headquarters will be the Hotel Savery. Mr. George Westby, Executive Director, Lutheran Welfare Society of Iowa, Des Moines, is chairman.

The National Conference of Social Work will be held May 25-30, in Chicago. Headquarters for the Child Welfare League of America will be the Congress Hotel. The League's program for National Conference in 1952 is being planned by a national committee which is working through regional subcommittees. Mrs. Nora Phillips Johnson, New York City, is national chairman; Mr. Jacob Hechler, New York, chairman for the East Coast subcommittee; Miss Martha Branscombe, Chicago, chairman for the Midwest subcommittee; and Mr. Clyde Getz, Los Angeles, chairman for the West Coast subcommittee.

NEWS FROM THE FIELD

Why We Are Foster Parents

Editor's Note: These discussions were submitted to CHILD WELFARE by two different agencies. We think they will be of special interest because while these foster mothers clearly recognize the difficulties of foster parenthood, they approach their role in a positive way. Similar discussions or comments on these are invited.

"BUT aren't you afraid you'll get attached and then suffer?"

This is the question that my husband and I get most often when we say we have a five-year-old foster child in our home. As a matter of fact, it is asked so often that we decided to try to explain just why we have him.

First, let me say that we are speaking only for ourselves, and for no other foster parents. Each set of parents approaches foster parenthood for its own reasons, and sticks with it for its own reasons. We decided upon foster parenthood because our own youngster was approaching six and was very lonely for another child in our home. Since nature did not cooperate with us, and we realized that we all had much to give, we decided that our lives and the life of some child could be enriched by an association of this kind. Another point is, that sticking with it is harder than starting out in the first place.

Since we became foster parents nine months ago, we have heard of many people who had had a foster child at one time or another, but were not able to continue. This is no slur on their ability to handle a problem. The task of caring for a foster child is much harder than caring for an own child, and can often be disastrous to the entire family if the placement is not made and handled very carefully.

These children are different from our own children, just because they have such a different, and many times, unbelievably sordid and unhappy background. They have been "pushed around" so much that they trust no one, and you are no exception. Why should you be? Very often, their own parents really love them, but are themselves unhappy and mixed up—how can they give a child security? Often, though they can't care for the child themselves, they resent this and are afraid of losing their child to you and your family, so they bribe (and I use the word advisedly) the child with expensive toys and fancy clothes to keep him interested.

Then, on the other hand, some real parents care nothing for the child and so forget all about him as soon as placement is made. So the foster parents have the job of explaining why he has—but really doesn't have—parents he can call his own.

Very often by the time a family gets a child he might have been in ten or more different homes and has possibly lived in a number of different cities, all this perhaps before he has reached his fifth birthday. I might mention that this is not an exaggerated picture. As a matter of fact, it might be too mild. I don't know. After all, caseworkers do not tell every detail; they often mention general information to illustrate a point, but they never become specific. Their information is confidential.

As a result, it is easy to see why these kids have behavior problems ranging all the way from bed wetting—in a teen-ager—to real destructiveness and aggressiveness. They sometimes revert back to their babyhood and often have to be handled like little babies and I believe that a certain amount of this comes into the picture in almost every placement.

There is another question that I would like to answer before I go to my original question. This is concerning the amount of money received. Once a month the foster parents receive a check which is to cover food and board, plus laundry and "tender, loving care." The money may or may not cover the actual expense of food and recreation, depending upon the foster family and the child. However, the money is spent in small amounts and comes back in a sizable lump so it can be planned for and really used.

And now to answer my first question. When I sat down to write, I had no intention of spending so much time on these other aspects, but as I wrote, I felt that it should be said before I went on. It will try to explain why we keep on instead of giving up.

First: yes, we are afraid that we will get attached and so be hurt when the child must leave our home—and most of these children do. Children in foster placement are not necessarily adopted but regardless of whether they are or are not, they retain their own identity and keep up contact with their own family if the case permits. But let me tell you briefly what our child was like when he came and how he is now, after nine months.

When the child was brought to our house for his first visit, he was afraid to come in. He and the caseworker stayed on the front porch for about forty-five minutes. The caseworker and I talked freely and casually and our own child of seven talked to the youngster, but he was simply petrified with fear. Finally, we won him over and he came in. Once he came to live with us and had been in our home for a month, he was afraid of the caseworker because he thought she would take him away from us. He was so frightened that he hid down in the basement and refused to come up until she assured and reassured him that he would not have to go into a different home.

When we took him visiting, he would stand outside, tense and white-faced, during the whole time of our visit and refuse to come in. Now he comes in, relaxed and happy, because he knows we will not leave him.

He was afraid to try new things, afraid to play with the other children, and just simply afraid. Now, after nine months, he is getting better. The scar was so deep, however, that he is still afraid to try new things, but he suggests things that he thinks he might be able to do. He is getting along well in school, has friends, and knows how to respond to them. He is almost like a regular five-year-old boy. He is happy and sings and shouts and runs and fights; and when he is hurt, he cries. Until you have seen a hurt child silent and afraid to cry, you cannot appreciate the wholesomeness of a child who cries when he is hurt.

One of the biggest thrills a person can experience is when one of these children says, "I have something for you that you've been waiting for for a long time", and proceeds to give you a kiss and a hug just because he wants to. This is real drama, exciting and rewarding. You know that he has at last found a niche for himself and that any change from then on can be made with confidence and trust.

So, for these reasons, we go on in spite of becoming too attached.

—MRS. D. A. H.

Iowa Children's Home Society, Des Moines, Iowa

SINCE I have become a boarding mother I have been asked a number of questions by my friends and relatives. Why am I a boarding mother when I have a family of my own? How has boarding these other children affected my family? What do I get out of boarding care? And is it really worth all the effort?

To understand why I am a boarding mother, you must know that both my husband and I come from fairly large families, and we believe that we received something from the give and take, the necessary sharing of tasks and toys, and the general affiliation as part of a large family that we might not have had in a smaller family. When we married, we planned to have at least six children. We made a good beginning with twins, but when their little brother was born a year and a half later, the doctor advised us that this baby must be our last. After a while we found we couldn't "rest" at the halfway mark, and we began thinking of other children. We tried to adopt a child, but as you know, that is rather discouraging, because the waiting lists are so long, and the available children so very few. So many of those waiting have no child at all. At a time when we were nearly ready to give up, someone told us about the need for foster homes, so we accepted that as a way of completing our family. At the agency, when we were interviewed, we asked for a little girl, but we said we'd take two sisters, two brothers or a brother and sister. The

agency was quite generous with us and sent us three little boys. So we have our family of six as we'd planned.

When we were sure the boys were to live with us, we tried to explain to our children why it is sometimes necessary for children to live in homes other than their own, and we told them to learn to think of the other children as a part of our family. Our daughter was quite disappointed when she heard they were all boys, because she knew we had asked for a little girl. We explained that when a baby is born to a family we can't choose whether we will take a boy or girl and no matter which it is, we love him. She was still disappointed, but she was able to accept the boys and she came to love them.

Soon after the boys came to us, the youngest one was ill. I was holding him on my lap and was rocking when one of my neighbors came in. She seemed amazed that our little boy, who was four at the time, was content to play alone on the floor while I was caring for someone else—whom she termed an "outsider". In the first place we don't think of our foster children as "outsiders". Our children know that we love them and that any care or affection which we might give to another child does not take away any from our love of them. We have taught them from infancy to share their toys, to use teamwork to complete tasks, and to make the most of whatever situation presents itself. Our children are just an average group of children with the normal tendencies and feelings of their age group, but they are learning an invaluable lesson in getting along with others, and they are learning to accept the fact that others can be allies instead of obstacles.

The question most often asked is, "What do you get out of boarding care?" and it is usually asked by someone who sees the baskets of ironing, the unmade beds, and the meals to be prepared. Naturally these tasks have to be done, but I try to look beyond them to a more important goal, the child of the future. There is within us all a desire to be wanted and needed by someone. Every child has the right to be born to a family where he is wanted. By caring for these children I feel that I am satisfying a need of theirs and at the same time my desire to be needed is being satisfied. I need them as badly as they need me.

—MRS. H. M. S.

Jewish Children's Bureau of Cleveland, Cleveland, Ohio

AWARD DEADLINE MARCH 15

THE deadline for the submission of manuscripts for the second annual Mary E. Boretz Award is March 15, 1952. Manuscripts may be from 4,000 to 6,000 words long, and must be presented in five copies to facilitate reading by the judges. Inquiries should be addressed to the Information and Publications Department of the Child Welfare League of America, 24 West 40th Street, New York 18, N. Y.

ADC DEMANDS OUR STUDY

(Continued from page 9)

1950, the share of the national income going to ADC during that year was only about $\frac{1}{4}$ of 1%, or to be exact, "twenty-six one-hundredths of one per cent." Can the economy of the United States stand the drain of less than 3 mills of its national income dollar to keep children in their own homes?

Is it true that if a person once receives ADC he will become wholly dependent on it and will remain on the rolls as long as he has an eligible child? On a national basis, case-turnover indicates that the average length of time families remain on ADC is two and one-half years.

What About Charges of Illegitimacy?

What are the facts about the widely circulated complaints that Aid to Dependent Children contributes to illegitimacy, desertion and malingering? Do we know even the bare numbers of such cases, and if so, do we have similar facts about the general population? Is there a significantly larger number among the ADC recipients? If human weaknesses are charged to families receiving Aid to Dependent Children, did not these weaknesses exist in a similar proportion in the population before 1935 and do they not continue to exist? If children, in addition to having weak parents, happen to be further deprived by not having sufficient income, there are those who say, in essence, "Let them not eat; provide them no recreation; and send them to work as soon as they can shell a shrimp or a pecan, pick cotton or work in a cannery." That is a realistic translation of some of the exclusion definitions and practices in the Aid to Dependent Children program.

Can the concern of the public be directed away from the parent and his weaknesses to the child and his need for an opportunity to grow strong? Can it not frankly be said that because a child is illegitimate he already has a heavy burden, and if the citizenry wishes him to be guided by more acceptable patterns when he is an adult, he must have his needs appropriately met? Can it not be pointed out that if a child has an improvident or dissolute father or an inefficient mother, it is all the more necessary to be sure that he builds a strong body, receives an education, and is permitted to grow up as nearly like other children as possible, if he is expected to exhibit stronger characteristics than his parents when he is a man?

If we study the families we have become acquainted with through the Aid to Dependent Children program, will we not find that for every case that the

public complains of, there are nine ordinary folks with normal strengths and weaknesses but with the complication of economic need? Among those nine are there not some who are such successful managers of their small income that they would put many in the general community to shame? Are there not many to whom Aid to Dependent Children has been the steady though meager support which has made it possible for mothers to remain in the home to wash, cook, mend and create a place where children feel safe and are pleased to bring their friends? Many of the children in such homes will be found at the heads of their classes; being honored as valedictorians; participating in church work; playing on school athletic teams; leading in 4-H Club work and in the Future Homemakers of America Association; attending college and schools of nursing; having records of meritorious Army service; earning their own living and helping to support and educate younger brothers and sisters. Some are now adults who are marrying and having families of their own. We public welfare workers may be very much occupied with our official routines, but I think we had better find a way to gather and share the facts about the stability of many Aid to Dependent Children homes, and the progress and success of many children whose chief economic support came for a time, or is still coming, from public funds through the Aid to Dependent Children's program. These are the quiet, unobtrusive situations which do not attract the unfavorable attention and publicity caused by an occasional father whose "desertion" does not preclude his returning home for a visit now and then, or a mother whose behavior is not impeccable.

Honors Earned by Many of These Children

I was privileged recently to read the summaries of family situations which the local staffs of a state department of public welfare assembled. As I read them, I found myself placing paper clips on margins to identify particularly heartening stories; when I finished I had more than 50 clips and was unable to select the most outstanding. After careful reading I decided to flip through the pages to see what general impression my eye would give me. A word that jumped out at me was "scholarship", and another was "valedictorian", and I wondered had I been reading about my own family and friends if the words would have recurred so often. Other words and phrases frequently seen were: "chosen by secret ballot most valuable student"; "delegate to 'Girls State' sponsored by the American Legion"; "member of Juvenile Council"; "works on Saturdays and during summers"; "is entering college in September"; "com-

pleted nurse's training"; "member of school band"; "plays violin in church"; "elected cheerleader by popular vote"; "is now a college professor"; "active in athletics, dramatics and language clubs"; "floor supervisor in large hospital"; "active in 4-H Club." Last to be listed but not the least in significance was, "chosen as Duchess in the festival". The reading of these case summaries reaffirmed my belief in the soundness of a program which helps to keep children with their parents, in school with their neighbors, and gives them opportunities for winning college scholarships and nursing education, blowing loudly and proudly a brass horn in the school band, playing a violin in the church, or wearing with dignity the tinsel crown as a duchess in the strawberry festival. These are the proofs that many of the homes which the ADC program is helping to hold together are wholesome, and that the children whose sustenance must temporarily come in part from public funds will be taking their places among tomorrow's responsible citizens.

In a report to the State Welfare Commission of South Dakota, in June, 1949, the public assistance agency made a statement which I hope reached an even wider audience. It was titled "Aid to Dependent Children Follow-Up" and reported on a study of current information regarding children of 14 to 16 who were included in the 1942 study and who, therefore, were 20 to 22 years of age at the time of the study. It showed that over 15 per cent of the children about whom reports were reasonably complete had either finished college or other professional or highly skilled training beyond high school, or were engaged in a profession. Another 35 per cent had graduated from high school, had contracted stable marriages, had been honorably discharged from military service, and had steady employment. These figures stack up very well indeed with the 1947 current population survey made by the Bureau of Census, which found that somewhat over half the population 20 years old and over had completed the first year of high school and that the median number of years of school completed by persons 20-29 years old in 1947 was 12 years. Let us all find out in our own communities whether the children in Aid to Dependent Children families want to go to school and are educable. It would also be interesting to learn how much income tax is now being paid by young adults whose education was made possible by an ADC payment.

Nebraska and Illinois have made studies of closed Aid to Dependent Children cases by determining what has happened in the families. The results do not show, and they would not in any state, that Aid to Dependent Children assures that a stable adult citizen will be developed from every child who has

been supported in whole or in part for a long or a short time by public money. They show, however, what many of us believe but are not always in a position to prove, namely, that families who receive Aid to Dependent Children are a segment of the general population. They are like other folks in any community with the same problems of living within a small income, keeping their children well and in school, and taking their part in the community. Their children are like yours and mine, a credit to us frequently, a disappointment occasionally, and for the most part, failing us less frequently than we have failed them.

"A Sound Investment in Happiness"

We must find a way for all citizens to realize this, as did the County Welfare Board Chairman of Montgomery County, Maryland, who introduced an annual report by saying:

"I know that you will not all agree with everything the department is trying to do. I do not expect this. But I do ask that you read this report with an open mind, regardless of your previous notions about public welfare.

"I want to add one thing to what the report has said. As a business man I think I have some ability to evaluate an investment, and I would hesitate to invest in a business that did not make a good return for my money and time.

"I believe, from my knowledge of the welfare department's work, that this is a valuable investment. It is an investment of tax money in families and children.

"Without this investment some families will be broken and some children will be neglected. People will go hungry and their health will suffer. In the long run it will cost us far more to care for them in hospitals, training schools and penal institutions.

"With this investment the final cost will be far less and we will have productive citizens who can work for you and me, who can buy from you and me, who can contribute to the life of the community. This work is a sound investment in prosperity and happiness."

Small wonder that with such conviction and support, the staff in its report faces frankly the related matters of public indifference; of staff's need for additional skill; of the facts about the causes of deprivation of support; of the results of its study of the type of homes Aid to Dependent Children parents make for their children; and of the cost in dollars of the ADC program versus the cost of care away from home, to say nothing of the hidden cost in terms of shattered relationships and personal security.

Since the decision as to how and how well we in the United States will care for needy children is one of broad social policy, it must be determined by the people through established channels. This means all of the people, contributing their best thinking with free discussion of opposing points of view as to method and adequacy and a resultant hammering out of a proposal which represents the will of the

people as to how it will discharge its responsibility to children. If the present program which has been in effect only sixteen years is not the best approach, what are the alternatives? It behooves those who rate it low as an effective means towards meeting its objective, to propose a new method or modifications which will perfect it, rather than to continue criticizing it destructively. If throughout all the institutions of democracy the basic needs of children were to be emphasized and if every new institution, program, or policy, or change therein, were to be pre-tested against its probable effect on children, a national vitality and wholesomeness would result to make us invulnerable to attacks on the democratic system, the core of which is respect for the infinite value and dignity of the individual.

READERS' FORUM

More About Adoption Practice

Dear Editor:

Miss Benedict's article on "The Boarding Home as a Resource in Adoption" in the December, 1951 issue of *CHILD WELFARE*, and Miss Andrews' letter in the February issue have stirred me to write. I welcome both contributions and I also welcome the League's policy of printing varied opinions.

But I have a plea, too. My plea is to remember the apt keynote of the recent Eastern Regional Conference: "Children Cannot Wait". While we write and argue for or against our methodologies, babies are being born, hundreds of young couples are eager for them. Must we refuse to try finding the best home for each child until we can say in unison, this is the only way to insure good adoption?

I have deep conviction that we, the caseworkers, have an important contribution to make in the field of adoption. Certainly we have differences in approach, differences of opinion, and differences in the agencies that offer adoption services, and I hold to my right of difference, too. I do not believe that we shall ever find a one way street to adoption but I do believe that we can find a meeting of minds for the best interests of children entrusted to our care. I do believe that we have some sound, fundamental principles in common—one is, to get the best possible home for every child.

Can we hold to these principles and allow our differences to challenge each other? We all have a great deal more to learn about adoption; that learning will come only if we are willing to share each other's experiences in open forums, in writings and in conferences. For example, I urge that the next adop-

tion conference of the League provide the opportunity to discuss and to debate our various methods of helping children secure adoption. The purpose would be not to resolve or eliminate differences but to gain new insight and understanding to the improvement of our services.

FLORENCE SILVERBLATT,
Supervisor, Foster Care Department, Philadelphia Bureau of
Children's Aid Society of Pennsylvania

BOOK NOTES

AN EXPERIMENT IN THE PREVENTION OF DELINQUENCY, by Edwin Powers and Helen Witmer, with Foreword by Gordon W. Allport. Columbia University Press, New York, 1951. 649 pp. \$6.00.

The semanticists and those who insist on seeing a line of demarcation, elusive as it may be, between prevention and treatment of delinquency, may question the very name of this book, *An Experiment in the Prevention of Delinquency*. Since the experiment deals with youngsters who have reached the age of ten, the median age of the children at the beginning of the project, some will contend that certain patterns have already been established, processes set into motion, that would require procedures of a therapeutic rather than preventive nature.

This book is a description of a project conducted by the Cambridge-Somerville Youth Study, inspired and initiated by Dr. Richard C. Cabot and later directed by Edwin Powers, the co-author of the book. The project was intended to test the hypothesis that delinquency can be prevented by providing youngsters in trouble with a sustained relationship, an ego ideal made concrete through advice and practical help over an extended period. In order to measure scientifically the effectiveness of this approach, special methodology was devised and applied. Unlike the research procedure more common in the field of human behavior, where evaluation of results follows and is usually a by-product of treatment goals, here the research objectives were primary in the conception and execution of the experiment. This project therefore enjoyed the uncommon objectivity of being free of vested interests and established organizations.

Whether the fact that the main objective, research, preceded and constantly shadowed the experiment introduced a self-consciousness, a certain artificiality, in the process and quality of treatment, is a moot point. There seems, however, to have been sufficient separation in time, space and identification between the practitioner out in the field and those with the yardsticks and formulas to safeguard the child under treatment from the sterile atmosphere of the laboratory.

For the purpose of this experiment two groups of boys were selected. Each group had the same number of pre-delinquent boys, carefully chosen and matched on the basis of the evaluations and predictions of experts. One group was left alone, thus serving as a control. The other group was given the sustained relationship and guidance of a counselor, who also occasionally helped in concrete ways, such as tutoring and using camp, medical and recreational facilities. Originally the project was designed to extend over a period of ten years, allowing the youngsters to form and maintain a continuous relationship with a counselor during the pre-adolescent years. However, because of the war many of these relationships were terminated prematurely. Consequently, no youngster was in treatment for longer than eight years and the median period was about six years. The counselors, both men and women, represented various disciplines including psychology, teaching and nursing, with the largest representation, eight out of 19, from the field of social work.

Upon completion of the experiment in 1945, comparisons between the "treatment" and "control" groups were made through a number of evaluative methods to determine the effectiveness of the treatment approach used. The findings were rather startling. No significant differences were discernible, either in the extent or intensity of overt delinquency, between these two groups, nor were there noticeable differences in their general functioning and adjustment.

Doubt as to the accuracy and sensitivity of statistical media that embrace many conflicting and neutralizing variables of a group in measuring subtle changes in the behavior of the individual, led to the use of another evaluative method. This method was vertical rather than horizontal, with the focus on the individual instead of on the group. The objectives of the study were also reformulated. Instead of the original ambitious objective of testing a treatment procedure as a preventive of delinquency, the goal was narrowed down to the study of the kind and degree of benefit the youngster derived from this treatment approach. Treatment was thus broken down into a number of processes and techniques, each analyzed and evaluated separately in relation to the youngsters' needs and problems. With this change of goal and methods, the findings were significantly different. One fifth of the treatment group appeared to have derived substantial benefit from their contact with their counselor; one tenth, some benefit.

Some may not find comfort in this seemingly encouraging evidence. They may not be sufficiently convinced by the intuitive and subjective methods of evaluation used, which were not adequately checked against more objective and tangible media. However, the most basic question about this experiment may be directed against the very formulation of its hypothesis, the prevention of delinquency through relationships and exposure to good ego ideal. Both concepts, delinquency and relationship, seem to be over-simplified and not sufficiently defined and differentiated. Delinquency is assumed to be a single entity that can be measured as one unit. It is now generally conceded that delinquency is a multi-

headed phenomenon covering a wide range of sociopsychological manifestations that have in common only the outward appearance, the act of delinquency.

The same holds true of the concept of relationship, particularly so when practiced by a group as diversified in disciplines as this group of counselors. It is too dynamic a process and, when in the raw, too inextricably interwoven with one's personality to be compared and measured. It is only when used by the treatment-oriented person that the process referred to as relationship may have a basic common denominator for those in the profession. When one uses himself in a consciously controlled way, relationship assumes a role that can be defined, identified, and subjected to comparison and measurements.

As conceived by Dr. Cabot, the implication of relationship, the contagion of one personality for another, is that it works automatically, like the process of osmosis, through exposure and proximity. This is undeniably true for the normal child who is ready to inhale and assimilate the constructive influences. It is also true to a lesser degree for the youngster whose delinquent behavior is primarily a result of external sociological factors and whose basic mechanism for identification and relationship has not been unduly damaged. However, with the youngster whose delinquency is an expression of an emotional disturbance, there is a basic distortion in the process of identification and relationship to people. His exposure to people representing good ego ideals will at best have limited returns unless it is preceded or accompanied by special therapeutic psychological techniques.

Interestingly enough, the counselor who seemed to have achieved the most meaningful and enduring relationships with the youngsters was a nurse with relatively little training in casework. This inevitably led some into rather fallacious speculations as to the respective values of personality and native ability against knowledge and techniques, with the implication that the process of helping people is still in the realm of the arts. Instead of pitting one against the other, it might be more accurate to state that each in itself may be effective in certain areas and to a degree; however, it is only the proper combination of personality and skill that produces the optimum results.

The firsthand documentary material, including statements and letters of youngsters about the meaning of their contacts with the counselor, is extremely revealing and offers tremendous material for small vertical studies. The reviewer cannot resist the temptation to quote one boy's description of what the counselor did for him. "He helped make me a character; I was shy, then I was wild, now I am medium."

While some may question whether the original goal of testing the effectiveness of an approach in the prevention of delinquency was achieved, few, if any, would doubt the value and significance of this study. Its value may not be only in what it proved but in what it disproved, and the many traditional ideas that were dispelled in the process. The study negates the over-simplification of equating slums with delinquency. Most of the youngsters from delinquency areas, in spite of their materially deprived homes and

deteriorated neighborhoods, grow into law-abiding citizens. It is the nature of the family relationships and the emotional atmosphere of the homes of children in these areas that one has to look to for the causes of delinquency. This clearer understanding of causation in itself will inevitably bring us nearer to its treatment. The experiment was justified by the diversity of the by-products it created, the tremendous wealth of material it accumulated, which hopefully will be the proving ground for social scientists for many years to come. Those of us who have had the opportunity of observing youngsters during

periods following treatment, their tendency to flounder before they gain their equilibrium, will be wondering, as does Mr. Allport in his exhaustive foreword, what the findings would be ten years from now. It would seem that treatment does not necessarily produce immediate results; it rather sets up processes and releases resources within the personality upon which one draws increasingly. This, hopefully, will be reflected in the future behavior of these youngsters.

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